

Division of Corporations

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**L10000106589**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SANCHEZ-MEDINA & ASSOCIATES, P.A.  
Account Number : I20030000135  
Phone : (305) 448-4344  
Fax Number : (305) 448-7887

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DIVISION OF CORPORATION  
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TALLAHASSEE, FLORIDA**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DJS PARTNERS I, LLC**

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**M. Calligan OCT 15 2010**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DJS PARTNERS I, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roland Sanchez-Medina Jr.

Name of Person

SMGQLCG&M, LLP

Firm/Company

2333 Ponce De Leon Blvd. Suite 302

Address

Coral Gables, Florida 33134

City/State and Zip Code

roland@smgqlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roland Sanchez-Medina Jr.

Name of Person

at ( 305 )

448-4344

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

10 OCT 14 AM 8:19

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**DJS PARTNERS I, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/12/2010 and assigned  
Florida document number L10000106589.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROLANDO SANCHEZ-MEDINA	2333 PONCE DE LEON BLVD. #302 CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GISELA SANCHEZ MEDINA	2333 PONCE DE LEON BLVD. #302 CORAL GABLES, FLORIDA 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 14, 2010



Signature of a member or authorized representative of a member

Rolando Sanchez-Medina  
Typed or printed name of signer

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